

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305 titled Medical Dispute Resolution- General, 133.307 and 133.308 titled Medical Dispute Resolution by Independent Review Organizations, the Medical Review Division assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent. This dispute was received on 10-22-04.

The IRO reviewed work hardening, work hardening each additional hour and FCE rendered from 10-20-03 through 02-03-04 that were denied based upon "U".

The Medical Review Division has reviewed the IRO decision and determined that **the requestor did not prevail** on the issues of medical necessity. Consequently, the requestor is not owed a refund of the paid IRO fee.

Based on review of the disputed issues within the request, the Medical Review Division has determined that **medical necessity was not the only issue** to be resolved. This dispute also contained services that were not addressed by the IRO and will be reviewed by the Medical Review Division.

On 11-18-04, the Medical Review Division submitted a Notice to requestor to submit additional documentation necessary to support the charges and to challenge the reasons the respondent had denied reimbursement within 14-days of the requestor's receipt of the Notice.

Review of CPT code 97545-WH-CA (12 units) dates of service 10-23-03, 10-24-03, 10-27-03, 10-28-03, 11-05-03 and 11-14-03 revealed that neither party submitted explanation of benefits. Per Rule 133.307(e)(2)(B) the requestor provided convincing evidence of carrier receipt of the providers request for EOBs. Per Rule 133.307(e)(3)(B) the respondent did not provide EOBs as required. Additional reimbursement is recommended in the amount of \$665.60 (\$768.00 billed minus carrier payment of \$102.40).

Review of CPT code 97546-WH-CA (42.75 units) dates of service 10-23-03, 10-24-03, 10-27-03, 10-28-03, 11-04-03, 11-05-03, 11-11-03, 11-14-03 and 11-19-03 revealed that neither party submitted explanation of benefits. Per Rule 133.307(e)(2)(B) the requestor provided convincing evidence of carrier receipt of the providers request for EOBs. Per Rule 133.307(e)(3)(B) the respondent did not provide EOBs as required. Additional reimbursement is recommended in the amount of \$1,712.00 (\$2,736.00 billed minus carrier payment of \$1,024.00).

CPT code 97545-WH-CA (4 units) dates of service 10-29-03 and 10-31-03 denied with denial code "N/TG" (documentation does not support service billed). Documentation submitted by requestor meets criteria for the services billed. Reimbursement recommended in the amount of \$256.00 (\$64.00 X 4 units).

CPT code 97546-WH-CA (10 units) dates of service 10-29-03 and 10-31-03 denied with denial code "N/TG" (documentation does not support service billed). Documentation submitted by requestor meets criteria for the services billed. Reimbursement recommended in the amount of \$640.00 (\$64.00 X 10 units).

CPT codes 97545-WH-CA and 97546-WH-CA (7 units) date of service 11-20-03 denied with denial code "D" (duplicate). Since neither party submitted an original EOB the review will be per Rule 134.202. Reimbursement is recommended per the Medicare Fee Schedule effective 08-01-03 in the amount of \$448.00 (\$64.00 X 7 units).

Review of CPT code 90801 date of service 12-31-03 revealed that neither party submitted an explanation of benefits. Per Rule 133.307(e)(2)(B) the requestor provided convincing evidence of carrier receipt of the providers request for EOBs. Per Rule 133.307(e)(3)(B) the respondent did not provide EOBs as required. The MAR per the Medicare Fee Schedule is \$175.16 (\$140.13 X 125%). The carrier made a payment of \$103.66. Additional reimbursement of \$71.50 is recommended.

Review of CPT code 90885 date of service 12-31-03 revealed that neither party submitted an explanation of benefits. Per Rule 133.307(e)(2)(B) the requestor provided convincing evidence of carrier receipt of the providers request for EOBs. Per Rule 133.307(e)(3)(B) the respondent did not provide EOBs as required. Reimbursement is recommended in the amount of \$60.00.

Review of CPT code 96100 (3 units) date of service 02-03-04 revealed that neither party submitted an explanation of benefits. Per Rule 133.307(e)(2)(B) the requestor provided convincing evidence of carrier receipt of the providers request for EOBs. Per Rule 133.307(e)(3)(B) the respondent did not provide EOBs as required. The MAR per the Medicare Fee Schedule is \$244.47 (\$65.19 X 125% = \$81.49 X 3 units). The carrier has paid \$244.46. Additional reimbursement is recommended in the amount of \$0.01.

This Findings and Decision is hereby issued this 27th day of January 2005.

Debra L. Hewitt
Medical Dispute Resolution Officer
Medical Review Division

ORDER

Pursuant to §§402.042, 413.016, 413.031, and 413.019 of the Act, the Medical Review Division hereby ORDERS the respondent to pay for the unpaid medical fees in accordance with the Medicare program reimbursement methodologies effective August 1, 2003 per Commission Rule 134.202(c), plus all accrued interest due at the time of payment to the requestor within 20 days of receipt of this order. This Decision is applicable for dates of service 10-23-03 through 11-11-03, 11-14-03, 11-19-03, 11-20-03, 12-31-03 and 02-03-04 in this dispute.

This Order is hereby issued this 27th day of January 2005.

Roy Lewis, Supervisor
Medical Dispute Resolution
Medical Review Division

RL/dlh
Enclosure: IRO Decision

**IRO Medical Dispute Resolution M5 Retrospective Medical Necessity
IRO Decision Notification Letter**

Date: 12/30/2004 (Revised) (Amended 01/25/2005)
Injured Employee:
MDR #: M5 05 0608 01
TWCC #:
MCMC Certification #: 5294

Requested Services:

Please review the item in dispute regarding 97545-WH-CA (work hardening), 97546-WH-CA (work hardening each additional hour), 97750-FC (FCE exam).

Denied by carrier for Medical Necessity with "U" codes.

MCMC llc (MCMC) is an Independent Review Organization (IRO) that was selected by The Texas Workers' Compensation Commission to render a recommendation regarding the medical necessity of the above Requested Service.

Please be advised that a MCMC Physician Advisor has determined that your request for M5 Retrospective Medical Dispute Resolution on 11/18/2004, concerning the medical necessity of the above referenced requested services, hereby finds the following:

The items in dispute, Work Hardening/ Work Conditioning # 97545, #97546 work hardening each additional hour, and the functional capacity examination, #97750, are not medically necessary based on the submitted clinical review data.

The work hardening/ physical therapy treatment is not supported by the documentation for the following reasons:

a. The documentation does not meet the American Physical Therapy Documentation Guidelines in the Guide to Physical Therapist Practice. These guidelines require that the patient's status, whether progress or regression, should/may include the subjective status of the patient, changes in objective and measurable findings as they relate to the existing goals, adverse reactions to the treatments, and progression/regression of existing therapeutic regimen, including patient education and adherence. The daily documentation does document the subjective status of the patient, but is lacking the changes in objective and measurable findings as they relate to existing goals. The goals are only mentioned in the reassessments/interim functional capacity evaluations. The patient's objective progress can only be evaluated using the functional capacity examinations (dated 09/26/2003, 11/14/2003 and 11/28/2003)

b. According to the book, Industrial Rehabilitation -Techniques for Success, by Robin Saunders, MSPT, the weekly progress note should contain the following information:

1. List of the main job-related goals
2. Previous week's short term goals
3. Attendance record

4. Important activities (summary list of activities and abilities, contrasting current abilities with those from past progress notes.)
5. Functional status and symptom summary (whether or not short term goals of last progress note were met, pertinent changes in symptoms, in what way the injured persons' function is improving -e.g., able to handle more resistance, more hours, greater pace etc.)
6. Major treatment plan changes for the following week, if any
7. New weekly (short term) goals
8. Complications or contributing circumstances
9. Projected discharge

The weekly documentation does not provide the rationale for job-related continuation of participation in work hardening.

The interim and final functional capacity examinations, meet the APTA Guide to Physical Therapist documentation guidelines. They contain objective and measurable tests, objective and measurable goals, and are thorough. The evaluation/functional capacity exams would be medically necessary if the daily and weekly documentation was supportive of continuation in the program. Since the documentation does not support the medical necessity of the treatment, the functional capacity exams are not medically necessary.

In a letter from Mari Boghs, Industrial Program Coordinator from The San Antonio Orthopaedic Group, to Dr. Drukker, the ordering MD, it states that a request to complete the Work Hardening Evaluation was denied by Texas Mutual (preauthorization for the procedure was denied). This company referred the injured individual to Buena Vista for the work hardening evaluation and treatment. In a letter from Texas Health dated 10/18/2004 to Texas Workers' Compensation Commission, they state that one of the reasons the claims were denied per the EOB was "the procedures require preauthorization." According to the Texas Workers' Compensation commission Web site, Buena Vista Work Skills was exempt from pre-authorization and concurrent review at the time of the disputed treatment.

CLINICAL SUMMARY:

The injured individual is a 49-year-old women with diagnoses of contusion of hands, injury to the radial nerve and myalgia/myositis which she sustained from a bite of an autistic student. She received work hardening treatment from 09/26/2003 through 11/28/2003. The documentation does not meet the American Physical Therapy Association requirements and therefore is not medically necessary.

This recommendation is based on:

*Texas Workers' Compensation Commission (TWCCA) Notification of IRO Assignment: 11/18/2003

*Medical Dispute Resolution (MDR) letter: 10/26/2004, 11/18/2004 *MDR Request Form: 10/22/2004

*Explanation of Benefits (EOB) forms: 10/20/2003, 10/21/2003, 10/22/2003,
 10/23/2003, 10/24/2003, 10/24/2003, 10/27/2003, 10/28/2003, 10/29/2003,
 10/31/2003, 11/04/2003, 11/05/2003, 11/11/2003, 11/12/2003, 11/13/2003,
 11/14/2003, 11/17/2003, 11/18/2003, 11/19/2003, 11/20/2003, 11/22/2003,
 11/28/2003, 12/31/2003, 02/03/2004,
 *IRO MDR M5 Retrospective Notification letter: 11/22/2004
 *Summary of Requestor's Position Regarding This Fee Dispute from Clara Pou, Manager
 Billing and Collections: 10/18/2004
 *Request for reconsideration letters from Ms. Pou: 09/21/2004,
 *Prescription for FCE: 09/25/2003
 *Prescription for Work Hardening: 11/16/2003
 *Letter regarding denial of work hardening from Mari Boghs to Dr. Drukker: Undated
 *Initial Functional Capacity Evaluation (FCE) completed by Monica Gibson, P.T.:
 09/26/2003
 *Interim FCE completed by Winston Deocampo P.T.: 11/14/2003
 *Work Hardening Daily Flow Sheet for week one, week two, week three, week four,
 week five, week six: Undated
 *Work Hardening Daily Note completed by Daryl Young LPTA:
 10/20/2003-10/24/2003, 10/29/2003-10/31/2003. 11/04/2003-11/05/2004,
 11/10/2003-11/12/2003, 11/13/2003. 11/17/2003-11/19/2003, 11/28/2003
 *Group Psychotherapy Progress Note (signature illegible): 11/14/2003, 11/17/2003,
 11/28/2003
 *Buena Vista Weekly Staffing Notes: 10/22/2003, 10/29/2003, 11/05/2003,
 11/12/2003. 11/19/2003
 *Final FCE completed by Winston Deocampo, P.T.: 11/28/2003
 *Initial Clinical Interview completed by Javier Villanueva, Ph.D.: 12/31/2003
 *Psychological Assessment completed by Javier Villanueva, Ph.D.: 02/03/2004
 *Supplemental Information on Diana Amaro, Review of Medical History and Physical
 Examination completed by Armando Angel, M.D.: 09/29/2003
 *Report of Medical Evaluation completed by Armando Angel, M.D.: 09/29/2003
 *Progress Notes completed by Stephen Drukker, M.D.: 05/20/2003.
 06/09/2003 06/19/2003, 07/28/2003, 09/04/2003, 09/15/2003, 10/16/2003,
 11/24/2003, 12/15/2003, 01/12/2004
 *MRI of left wrist: 12/11/2003

The reviewing provider is a Licensed Physical Therapist and certifies that no known conflict of
 interest exists between the reviewing Physical Therapist and any of the treating providers or any
 providers who reviewed the case for determination prior to referral to the IRO. The reviewing
 physician is on TWCC's Approved Doctor List.

This decision by MCMC is deemed to be a Commission decision and order (133.308(p) (5).
 In accordance with commission rule 102.4(h), I hereby verify that a copy of this Independent Review Organization
 (IRO) Decision was sent via facsimile to the office of TWCC on this

25th day of January 2004.

Signature of IRO Employee: _____

Printed Name of IRO Employee: _____